BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	invention entitled:									
Insert Title:	Intermediates for Aromatic Polyketides as Selective Anticancer and Antiviral Agents									
Fill in Appropriate	forth above and/or the following: .									
Information -	The specification was filed on							as		
For Use Without Specification	United States Application Number and amended on the specification was filed on November 19, 2003 International Application Number PCT/FI2003/000885						(if applicable	and/or		
Attached:	the specificatio		_ as PCT							
	International Application Number							and was		
	amended on(if applicable)									
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.									
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal									
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate below and have also identified below any foreign application for patent or inventor's certificate having									
	a filing date before t Prior Foreign App		ion on which p	oriority is cia	umea:		Priority (Claimed		
Insert Priority	20022074	Finland			11/20/2	002 .	\square			
Information: (if appropriate)	(Number)	(Country)		_	(Month/Day	//Year Filed)	Yes	No		
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	(Number)	(Country)	,	- ;	(Month/Day	//Year Filed)	Yes] 00		
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	-(Number)	(Country)		•	(Month/Day	y/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional Application(s): (if any)	(Application Number) (Filing Date)									
	(Application Number) (Filing Date)									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
	Country		Application	Application Number Date of Filing			ith/Day/Year)			
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PC international filing date of this application.									
Insert Prior U.S. Application(s): (if any)	(Application Numb	er)	(Filing Date	2)		(Status - patented,)	pending, abandon	ied)		
Page 1 of 2 (Rev. 05/2004)	(Application Numb	er)	(Filing Date			(Status - patented,)	pending, abandon	ied)		

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Attorney Docket No.

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

31000 B

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Residence (City, State & Country) Forby, Finland MAILING ADDRESS (Complete Street Address including City, State & Country) Residence (City, State & Country) Relainki, Finland MAILING ADDRESS (Complete Street Address including City, State & Country) Relainki, Finland MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME GIVEN NAME/FAMILY NAME GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) MAILING ADDRESS (Complete Street Address including City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) CITIZENSHIP CITIZENSHIP DATE* DATE* Residence (City, State & Country) CITIZENSHIP CITIZENSHIP CITIZENSHIP DATE*	ull Name of First or Sole Inventor: sent Name of Inventor arent Date This Document is Signed	GIVEN NAME/FAMILY NAME Tero kunnaki	INVENTOR'S SIGNATURE	010405					
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Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE

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